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CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51		/	
2		/					52		/	
3		/					53		/	
4		/					54		/	
5		/					55		/	
6		/					56		/	
7		/					57		/	
8		/					58		/	
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18		/					68		/	
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36		/					86		/	
37		/					87		/	
38		/					88		/	
39		/					89		/	
40		/					90		/	
41	/						91		/	
42		/					92		/	
43		/					93		/	
44		/					94		/	
45		/					95		/	
46		/					96		/	
47		/					97		/	
48		/					98		/	
49		/					99		/	
50		/					100		/	
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

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Dr. [Signature]

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101		/					51		/			
102		/					52		/			
103		/					53					
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145		/					95					
146		/					96					
147		/					97					
148		/					98					
149		/					99					
150		/					100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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